

To: Kyorinsha Co., Ltd. (ISPM Membership Office)

FAX: +81-3-3910-4380

**Application for Membership in  
International Society of Personalized Medicine  
( Supporting Membership)**

Date (mm/dd/year)                      /                      /

Unit	<input type="checkbox"/> 1 (JPY 100,000)	<input type="checkbox"/> 2 (JPY 200,000)	<input type="checkbox"/> (JPY   00,000)
Company	Company Name:		
	Name of President or CEO:		
	Name of Contact Person: ( Mr. / Ms. )		
	Division:		
	Street Address:		Buiding/Room:
	City:	State:	Zip or Postal Code:
	Country :		
	Tel:(include area code)		Fax:(include area code)
	E-mail:		
Description of Business			

Contact to :  
Kyorinsha Co., Ltd. (ISPM Membership Office)  
46-10,Nishigahara 3-Chome,  
Kita-ku,Tokyo 114-0024 JAPAN  
Fax : +81-3-3910-4380  
e-mail: ispm@kyorin.co.jp

Signature:

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